

EXHIBIT E

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CHIROPRACTIC FOLLOW-UP**DATE:** July 26, 2007**Patient's Name:** Lee, Dionne**Date of Examination:** July 26, 2007**Date of Accident:** May 9, 2007**History of Condition:**

Ms. Dionne Lee presents to the office today for follow-up evaluation. She continues to have neck pain radiating into the left shoulder. She remains with low back pain. She is stiff and sore throughout the consultation and evaluation. She has difficulty sitting for long periods of time, walking is difficult and her sleep continues to be disruptive.

Ms. Lee was evaluated by a neurologist Dr. Aric Hausknecht yesterday. She has been treating with a pain management physician, Dr. Arden Kaisman and receiving epidural steroid injections.

I have reviewed MRI findings with the patient. A cervical spine MRI dated May 23, 2007 reveals disc herniations at C2-3, C4-5 and C5-6 with impingement of the thecal sac and encroachment of the IVF's. Osteophytes are noted. A lumbosacral spine MRI dated June 11, 2007 reveals L4-5 and L5-S1 disc bulges.

Physical Examination Findings

Tenderness remains to palpation in her spinal joints. End ranges of cervical motion enhances her pain. There is muscle spasm of the supraspinatus and SCM muscles. Cervical Compression Test is positive on the left.

Passive cervical spine ranges of motion reveal

	<i><u>Patient's Average Range of Motion</u></i>	<i><u>Normal Average Range of Motion</u></i>
Flexion	40	60
Extension	30	50
Lt. Rotation	50	80
Rt. Rotation	60	80
Lt. Lat Flexion	25	45
Rt. Lat Flexion	25	45

Palpation of the lumbar spine reveals tenderness and spasm of the paraspinal regions. There is muscle spasm of the erector spinae and quadratus lumborum muscles. The Kemp's Test is positive on the right.

Passive lumbar ranges of motion studies reveal:

	<i><u>Patient's Average Range of Motion</u></i>	<i><u>Normal Average Range of Motion</u></i>
Flexion	70	90
Extension	15	30
Lt. Lat Flexion	20	30
Rt. Lat Flexion	20	30

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Clinical Impression:

- 1) Derangement of the cervical spine with C2-3, C4-5 and C5-6 disc herniations.
- 2) Derangement of the lumbar spine with L4-5 and L5-S1 disc bulges.
- 3) Chronic myalgia and myofasciitis.

Treatment and Recommendations:

Ms. Lee continues to suffer from an injury that she sustained on May 9, 2007. The patient is unable to perform her routine activities including work. She is in need of additional care. She remains totally disabled. Care will continue and she will be monitored periodically.

Sincerely,



Mitchell M. Zeren, D.C.